

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this application to the address at left.
Do not fax!

Fold on this line

Dear
I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATORS ONLY:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. Include this page so we know who the application is from!

We will also update our system, so the changed status of your waitlists will reach thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:
- _____
- _____
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: _____
- Name of Waitlist Administrator *optional* _____
- Phone of Waitlist Administrator *optional*: _____ - _____ - _____ X _____

← Date Time Stamp – for Office Use Only

1. Either type your answers, or else **print small enough** so that your answers stay within the lines of each box. Don't use *cursive*.
2. **The adult completing this application is considered the *Head of Household*.**

HEAD OF HOUSEHOLD’S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD’S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD’S LAST NAME (EX: BAEZ GONZALEZ):

SUFFIX

DOES THE *HoH* HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes ☐ No

DATE OF BIRTH

Y Y Y Y - M M - D D

NODE ID

Office will enter this

GENDER

F M T

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused)

RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = **X** ☐ I don't need any of the accommodations listed below

☐ Fully Accessible Wheelchair Unit

☐ Bathroom modifications

☐ Vision Impaired Unit

☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)

☐ Hearing Impaired Unit

☐ Domestic Violence Victim

☐ First-Floor unit only

☐ Unit designed for Environmental Allergies

☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD’S CAREER STAGE:

☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD:

☐ Yes ☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - **you must select one of these answers**

☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

Head of Household:

Any Felony/Conviction?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ No

Other HH Members:

Any Felony Convictions?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ No

Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

ANY PETS:

☐ Yes ☐ No Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

ANNUAL INCOME

DOCUMENTED DISABILITY?

← # Adults

← # Children

←Total # in Household

\$.00

☐ Yes ☐ No

CURRENT HOUSING STATUS:

☐ Homeless ☐ Housing Loss 14 days ☐ Fleeing Dom. Violence ☐ At risk of homelessness ☐ Stably Housed

HAVE YOU BEEN DISPLACED:

☐ No ☐ by Accessibility/health issues ☐ by Addiction behaviors ☐ by Cost of living ☐ by Pandemic ☐ by fire/flood/earthquake ☐ by Domestic Violence or Sexual Assault ☐ by Urban development, eminent domain ☐ by Condemnation of home, code violations ☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER:

SECOND TELEPHONE

PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:

☐ Email ☐ Mail

BEST EMAIL ADDRESS:

BEST MAILING ADDRESS (include apt #): ☐ where I currently live ☐ a shelter ☐ a P.O. Box ☐ a "care of" address ☐ a co-applicant's address

Street or PO:

Apt # or c/or Name:

City, State, and Zip Code:

City:

State:

Zip:

BACKUP ADDRESS

☐ same as above ☐ a shelter ☐ a P.O. Box ☐ a "care of" address ☐ a co-applicant's address

Street or PO:

Apt # or c/or Name:


City, State, and Zip Code:

City:

State:

Zip:

BEDROOMS NEEDED→



ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Veteran

☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ Fleeing domestic violence ☐ HUD VAWA Certificate

☐ Victim of Hate Crime ☐ Community Based Housing

Displaced by: ☐ Urban Renewal ☐ Sanitation Code ☐ Natural Forces ☐ Other: _____

Type your Signature: _____

Date (mm/dd/yyyy): _____

← Date Time Stamp – for Office Use Only

Woburn Housing Authority
59 Campbell Street
Woburn, MA 01801-3699

Effective 11/01/2020

The FEDERAL-AIDED Public Housing 2 BEDROOM and 3 BEDROOM and 4 BEDROOM waiting lists are open until further notice, the 1 BR waiting list is closed until further notice. Applications will not be accepted by FAX.

FEDERAL PUBLIC HOUSING
APPLICATION FOR TENANT ELIGIBILITY

PLEASE PRINT CLEARLY!!!

1. APPLICANT NAME _____

Current Address _____

City/Town _____ State _____ Zip _____

Mailing Address if different _____

Do Not Write in Box

Appl No.
Emer
Emp/Eld/Dis
Res Inc
NOTE:

2. Social Security Number: _____

Home Telephone _____ Work Number _____

E-mail address _____ Cell Phone # _____

2. HOUSEHOLD COMPOSITION: List All members of household, including head

COMPLETE NAME	SEX M/F	RELATION TO HEAD	DATE OF BIRTH	SOCIAL SECURITY #	US CITIZEN OR LEGAL RESIDENT

3. Is any change in the household expected? (circle one) yes no
If yes, what type of change? _____ When? _____

4. RACE/ETHNIC ORIGIN: Please circle all that apply. This information is required for government reports.

- 11-White; 12-Black or African American; 13-Asian;
- 14-American Indian or Alaskan Native; 15-Native Hawaiian or other Pacific Islander;
- 16-Other Multi Racial;

ETHNICITY: Please circle all that apply. Hispanic Non-Hispanic

5. HOUSEHOLD INCOME: List income received by all household members:

Household Member	Type of Income (wages, child support, AFDC, SS, SSI etc)	Name & Address of Source of Income or Employer	GROSS Monthly Income

EQUAL HOUSING OPPORTUNITY

6. ASSETS: List below the assets of all household members. Include **all bank accounts**, stocks and bonds, trust agreements, real estate, etc. Do not include clothing or furniture.

Household Member	Description & Location of Asset	Value

7. FEDERAL-AIDED HOUSING PREFERENCE STATUS: Applicants meeting one of the following categories may receive preference in the Federal-Aided Public Housing Program. **Please be sure to answer all questions so that you will receive any preferences for which you are entitled.** Verification of the conditions must be submitted when the Authority asks for it.

A. EMPLOYED/ELDERLY/DISABLED RANKING AND LOCAL PREFERENCES:

1. Is an adult member of the household:
- Employed? YES [] NO [] Does a household member live or work in Woburn? YES [] NO []
- Elderly? YES [] NO []
- Disabled? YES [] NO []

8. EMPLOYMENT HISTORY: Provide the following information for each household member who is presently employed. If any member is presently unemployed but has worked during the past year, provide this information about that person's most recent job.

Household Member	Name & Address of Employer	Dates of Employment	Name & Phone # of Immediate Supervisor

9. EXPENSES:

Childcare expense for employment or education	Name & Address of Provider	Monthly Fee
Unreimbursed Medical Expense if 62 or Older	Type of Expenses	Monthly Amount

10. HOUSING HISTORY: List in reverse order all addresses for the past five years.

- A) Address: from: to present
- B) Name of Landlord: Telephone:
- Address of Landlord: Monthly Rent:
- Names of Other Adults residing with you at that address:
- B) Address: from: to
- Name of Landlord: Telephone:
- Address of Landlord: Monthly Rent:
- Names of Other Adults residing with you at that address:
- C) Address: from: to
- Name of Landlord: Telephone:
- Address of Landlord: Monthly Rent:
- Names of Other Adults residing with you at that address:

Please use additional paper to list other landlords and addresses.

11. Have you, or any member of your household, ever received housing assistance from this or any housing agency or group? This includes rental assistance programs. (circle one) yes no

If yes: Name of head of household at that time: _____
Relationship to present applicant: _____
Name of Housing Agency: _____
Date Moved Out: _____
Reason Moved Out: _____
Did you leave as a tenant in good standing? yes no
If no, please explain: _____

12. REFERENCES: List two personal references. These **can not be** relatives or household members.

A) Name: _____		Telephone: _____	
Address: _____	City: _____	State: _____	Zip: _____
B) Name: _____		Telephone: _____	
Address: _____	City: _____	State: _____	Zip: _____

13. Do you have any pets? (circle one) yes no
If yes, please describe:

14. EMERGENCY CONTACT: Name and phone number of a relative or friend to contact if unable to contact you:

15. CRIMINAL RECORD: Have you or any member of your household been convicted or arrested of either a misdemeanor or a felony in the last ten years? (circle one) yes no

If yes, please explain:

Are you or any member of your household subject to a lifetime registration on the sex offender registry? (circle one) yes no

16. APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. Based on this application, I understand that I should not make any plans to move or to end my present tenancy until I have received a written Unit Offer from the Housing Authority.

I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income or household composition. This application will be canceled in the future if I don't respond quickly to letters sent to me at the last address I have given the WHA.

I hereby authorize the Woburn Housing Authority to make inquiries to verify the information I have provided. I certify that the information I have provided in this application is true and correct. **I understand that any misrepresentation or false statement will be sufficient grounds for the cancellation of my application for housing; or if admitted as a result of false information, may result in prosecution for fraud and eviction from public housing.**

Sworn to under the pains and penalties of perjury.

Applicant's Signature: _____ Date: _____
Co-Applicant's Signature: _____ Date: _____

****IF THIS APPLICATION IS NOT FILLED OUT COMPLETELY, IT WILL NOT BE ACCEPTED AND IT WILL BE RETURNED TO YOU FOR COMPLETION****